

State: SOUTH DAKOTA

| Citation | Condition or Requirement |
|-------------------|--|
| 42 CFR 435.914 | <p>11. Effective Date of Eligibility</p> <p>a. Groups Other Than Qualified Medicare Beneficiaries</p> <p>(1) For the prospective period.</p> <p>Coverage is available for the full month if the following individuals are eligible at any time during the month.</p> <p><input checked="" type="checkbox"/> Aged, blind, disabled. <input checked="" type="checkbox"/> AFDC-related.</p> <p>Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.</p> <p><input type="checkbox"/> Aged, blind, disabled. <input type="checkbox"/> AFDC-related.</p> <p>(2) For the retroactive period.</p> <p>Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:</p> <p><input type="checkbox"/> Aged, blind, disabled. <input type="checkbox"/> AFDC-related.</p> <p>Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied..</p> <p><input checked="" type="checkbox"/> Aged, blind, disabled. <input checked="" type="checkbox"/> AFDC-related.</p> |

TN No. 91-19
Supersedes
TN No. 89-08

Approval Date 1/22/92

Effective Date 10/1/91

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

SOUTH DAKOTA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

| Citation(s) | Condition or Requirement |
|-----------------------------------|--|
| 1920(b)(1) of the Act | <p>— (3) For a presumptive eligibility for pregnant women only.</p> <p>Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income eligibility levels specified in ATTACHMENT 2.6-A of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.</p> |
| 1902(e)(8) and 1905(a) of the Act | <p><u>X</u> b. For qualified Medicare beneficiaries defined in section 1905(p)(1) of the Act coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p)(1). The eligibility determination is valid for--</p> <p><u>X</u> 12 months</p> <p>— 6 months</p> <p>— _____ months (no less than 6 months and no more than 12 months)</p> |

TN No. 92-09
Supersedes
TN No. 91-19

Approval Date

4/17/92

Effective Date

1-1-92

| Citation | Condition or Requirement |
|--|--|
| 1902(a)(18) and 1902(f) of the Act | <p>12. Transfer of Resources - Categorically and Medically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals</p> <p>The agency complies with the provisions of section 1917 of the Act with respect to the transfer of resources.</p> <p>Disposal of resources at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9 to ATTACHMENT 2.6-A</u>.</p> |

TN No. 91-19
Supersedes
TN No. 87-7

Approval Date 1/22/92

Effective Date 10/1/91

HCFA ID: 7985E